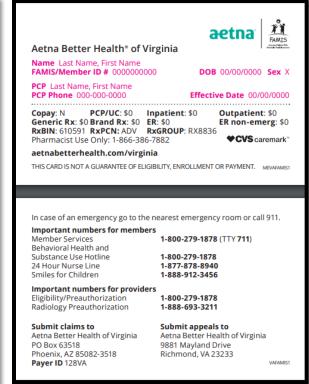
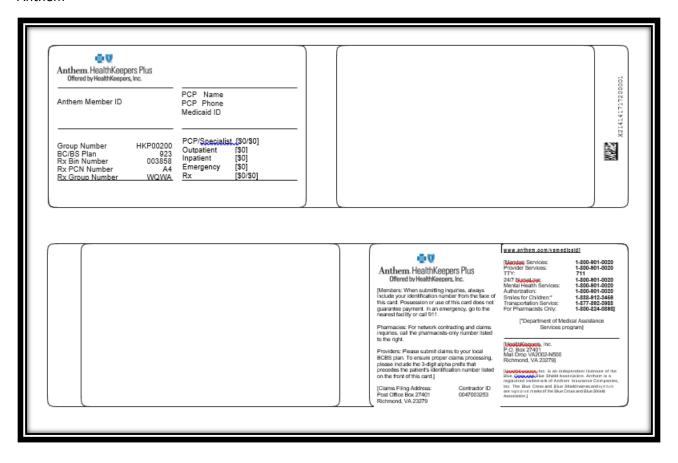
## Member ID Card Submissions by Plan

#### Aetna

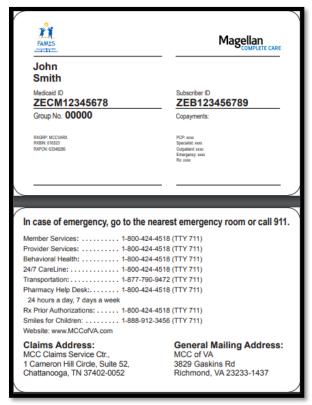




### Anthem



# Magellan







# **FAMILY CARE**

Member Name: JOHN DOE Member Number: 9999999\*99 Group Number: ABC Member Effective Date: 07-01-18

PCP Name: JANE DOE PCP Phone: 999-9999

FAMIS #: 99999999999 DOB: 99/99/9999

FAMTS

OV: \$0

ER: \$0

Detailed benefit information is available at optimahealth.com

Preauthorization may be required for: hospitalization, outpatient surgery, therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics. IN CASE OF AN EMERGENCY: Call 911 or go to the nearest emergency room. Always call your Primary Care Physician for non-emergent care

FOR PHARMACIST USE ONLY:

PROCESSOR CONTROL# OHPMCAID

OptumRx Pharmacist Help Desk: 1-866-244-9113 able) 757-552-8975 OR 1-800-881-2166

Member Services: (Translation Services Available)
Pharmacy Member Services:
TTY Virginia Relay Service: (Hearing Impaired) 757-552-8877 OR 1-844-672-2307 711 OR 1-800-828-1140 757-552-7250 OR 1-800-394-2237 After Hours Nurse Advice:

Smiles for Children: Behavioral Health Pre Authorization: 1-888-912-3456 757-552-7174 OR 1-800-648-8420 757-552-7474 OR 1-800-229-8822 Provider Relations: Medical/Pharmacy Pre Authorization: 757-552-7540 OR 1-800-229-5522

> MEDICAL CLAIMS BEHAVIORAL HEALTH CLAIMS P.O. Box 5028 Troy, MI 48007-5028 P.O. Box 1440 Troy, MI 48099-1440

> > Offered by Optima Health Plan



# **FAMILY CARE**

Member Name: JOHN DOE Member Number: 9999999\*99

OV: \$0 Group Number: ABC ER: \$0 Member Effective Date: 07-01-18

PCP Name: JANE DOE PCP Phone: 999-9999

Medicaid #: 999999999999 DOB: 99/99/9999

Detailed benefit information is available at optimahealth.com

Preauthorization may be required for: hospitalization, outpatient surgery, therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics. IN CASE OF AN EMERGENCY: Call 911 or go to the nearest emergency room. Always call your Primary Care Physician for non-emergent care.

FOR PHARMACIST USE ONLY:

PROCESSOR CONTROL# OHPMCAID 1-866-244-9113

OptumRx Pharmacist Help Desk:

757-552-8975 OR 1-800-881-2166 Member Services: (Translation Services Available)
Pharmacy Member Services: 757-552-8877 OR 1-844-672-2307 711 OR 1-800-828-1140 TTY Virginia Relay Service: (Hearing Impaired) 757-552-7250 OR 1-800-394-2237 1-888-912-3456 After Hours Nurse Advice:

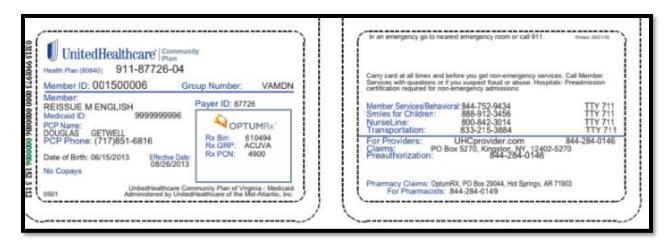
Smiles for Children: 1-877-892-3986

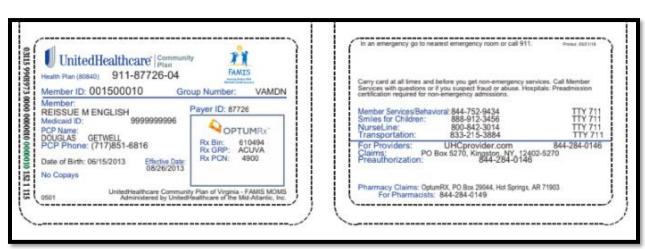
Transportation: Behavioral Health Pre Authorization: 757-552-7174 OR 1-800-648-8420 757-552-7474 OR 1-800-229-8822 Provider Relations: Medical/Pharmacy Pre Authorization: MEDICAL CLAIMS 757-552-7540 OR 1-800-229-5522 BEHAVIORAL HEALTH CLAIMS

P.O. Box 5028 Troy, MI 48007-5028 P.O. Box 1440 Troy, MI 48099-1440

Offered by Optima Health Plan

#### United Healthcare







Member Name: <First Name Last Name:

<Virginia Premier Elite Family>

Member ID: <XXXXXXXXXXXXX PCP Name: PCP Phone: <XXXXXXX>
<X.XXX.XXXXXXXX PCP Copay: SPC Copay: <XXXXXXX> <XXXXXXX>

ENVISIONR RxBirc <XXXXXX> 



<Medallion 4.0> FAMIS

Coverage Effective Date: <XXXXXX>

For urgent or emergency care, dial 911 or go to the nearest urgent/emergency facility, if you are not sure if you need emergency care, call your PCP or the 24-hour Nurse Advice line.

Member Services: <X.XXX.XXX.XXXX.TTY:711> 24-hour Nurse Line: «XXXXXXXXXXX» Behavioral Health: Pharmacy Help Desk: Smiles for Children: <X XXX XXX XXXX> Adult Dental: «X XXX XXX XXXX» ARTS: «X XXX XXX XXXX» Website: Send Claims To:

<VirginiaPremier.com> <Virginia Premier Claims PO Box 4250 Richmond, VA 23220>

**◆**Virginia**Premier**...

Member Name: <First Name Last Name> <Virginia Premier Elite Individual>

<XXXXXXXXXXXX Member ID: <XXXXXXX>
<X.XXX.XXX.XXXX> PCP Name: PCP Phone:

**ENVISION** RxBin: <XXXXXX> RxPCN: RxGRP: RxID:

<Medallion 4.0> Coverage Effective Date: <XXXXXX>

For urgent or emergency care, dial 911 or go to the nearest urgent/emergency facility. If you are not sure if you need emergency care, call your PCP or the 24-hour Nurse Advice line.

Member Services: <X.XXX.XXX.XXXX,TTY:711> <X.XXX.XXX.XXXX>
<X.XXX.XXXXXXXX 24-hour Nurse Line: Behavioral Health: Pharmacy Help Desk: <X.XXX.XXX.XXXX>
Smiles for Children: <X.XXX.XXX.XXXX Adult Dental: <X.XXX.XXXXXXXX <X.XXX.XXX.XXXX>
<X.XXX.XXXXXXXX ARTS: Website: Send ClaimsTo:

<Virginia Premier.com> <Virginia Premier Claims PO Box 4250 Richmond, VA 23220>